

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366123	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/31/2025
NAME OF PROVIDER OR SUPPLIER Accord Care Community Orrville LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1980 Lynn Drive Orrville, OH 44667	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0569</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, interview, and facility policy review, the facility failed to convey Resident #51's personal funds and a final accounting to the resident within 30 days of death. This affected one Resident #51 out of three residents reviewed for resident funds. The facility census was 50. Findings include: Review of Resident #51's closed medical record revealed an admission date of [DATE] and a discharge date of [DATE] when the resident expired in facility. Diagnoses included but were not limited to Alzheimer's Disease, dementia, severe protein-calorie malnutrition, congestive heart failure (CHF), and type 2 diabetes mellitus with diabetic neuropathy. Interview on [DATE] at 7:09 A.M. with Resident #51's spouse reported his wife, Resident #51, passed away on [DATE] and he did not receive the refund check until last week. Resident #51's spouse reported he contacted the Ombudsman who helped assist with the refund. Interview on [DATE] at 10:25 P.M. with [NAME] Office Manager (BOM) #226 confirmed Resident #51's refund check was not refunded timely in 30 days. BOM #226 confirmed the check was not issued until [DATE] sometime. BOM #226 unable to provide explanation as to why it took so long and not refunded timely by 30 days. Interview on [DATE] at 12:45 P.M. with Administrator confirmed Resident #51's refund check was not refunded timely to Resident #51's spouse. Interview on [DATE] at 7:56 A.M. with Ombudsman #268 revealed Resident #51's spouse contacted her on [DATE] for assistance in obtaining the resident's remaining funds. Ombudsman #268 spoke with the Administrator on [DATE] and was told they were working on the issue. Ombudsman #268 reported Resident #51's spouse received the refund check sometime in July of 2025 which was not timely. Review of Resident #51's personal fund account balance and disbursement check revealed on [DATE], \$759.00 was issued to Resident #51's spouse. Review of the facility policy, Resident Personal Funds, undated, revealed distribution of funds will be returned no later than thirty (30) days after discharge. This deficiency represents non-compliance investigated under Complaint Number 2565017.</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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